

INDEPENDENT REVIEWERS OF TEXAS, INC.

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[Date notice sent to all parties]:

11/25/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Right Lateral Elbow Debridement

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Overturned

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient began experiencing right elbow pain after working at her job. She stated that she experienced this pain over a long time. She received physical therapy, medications and injections

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

Based on the clinical information that was provided for this file, this lady has chronic symptoms of lateral epicondylitis with a causal relationship to her work environment. She has had physical therapy, injections and bracing with temporary relief. She has had treatment for over one year and she still has symptoms that are consistent with the diagnosis of lateral epicondylitis.

Although she has been found at MMI with 0% impairment for range of motion, she has persistent objective findings of tendonitis including tenderness to palpation and pain at the aponeurosis with resisted wrist extension.

Therefore, the request is approved based on the medical records including objective physical

findings on her history of meeting criteria established by ODG for the requested surgery. She does have the co-morbidity of diabetes, and the numbness and tingling in the fingers is cautionary as well as the positive Tinel's sign. She has no signs of medial epicondylitis. Her sensory examinations are normal in all fingers.

IRO REVIEWER REPORT TEMPLATE -WC

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

ODG Criteria for Lateral Epicondylar Release for Chronic Lateral Epicondylalgia:

- Limit to persistent symptoms that interfere with activities that have not responded to an appropriate period of nonsurgical treatment, over 95% recover with conservative treatment**
- 12 months of compliance with non-operative management: Failure to improve with NSAIDs, elbow bands/straps, activity modification, and PT exercise programs to increase range of motion and strength of the musculature around the elbow.**
- Any of the three main surgical approaches are acceptable (open, percutaneous and arthroscopic).**